



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 3464917**

2. Premise No. 2435 Street Name Harway Ave Borough Brooklyn Zip 11214

3. AKA _____ Type of Facility Other BIN 3186628 Block 06892 Lot 0007

4. Building Owner Lifespire, Inc. Address 1 Whitehall St, 9th Floor

5. City New York State NY Zip 10001 Contact Person Tom Lydon

6. Tel. # (212) 981-9401 Fax # _____ Email tlydon@gmail.com

7. Description of the Entire Scope of Work

Replacing existing five roof top HVAC systems with new units. No change to use, egress, or occupancy.

8. I, MICHAEL TUTTLE, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

07/18/2018 12:30PM-2:00PM

Date(s)

in accordance

with Sections 1-16 and 1-28 of the NYC DEP Asbestos Control Program Rules and declare that at said facility address, the

- ☐ a. portion(s) of the premises affected by the work is free of asbestos containing material (ACM).
- ☒ b. premise (or portions thereof) affected by the work contains 10 square feet or less or 25 linear feet or less of ACM.
Specify locations in section 9: Note: This material must be abated as a minor project in accordance with relevant provisions of the DEP Asbestos Rules.
- ☐ c. asbestos is present and will not be disturbed during construction activity. Specify the quantity and area where asbestos is present. Specify amount: _____ sq. ft _____ linear ft.
Specify locations (attach additional documents as necessary): _____

☐ d. entire building is free of asbestos containing material (ACM).

9. RESULTS OF ASBESTOS BUILDING SURVEY:

LOCATION	FLOOR NUMBER	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
Roof		HVAC Locations	Sealant	9	Yes	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
EMSL Analytical	11506	7/25/2018

11. NYS DOL Asbestos Handling license # 28635 Company Name Emerald Environmental, Inc.

I hereby declare the information provided herein is true and complete

MICHAEL TUTTLE 8/25/2018 149974 9/25/2020
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (800) 300-3951 Fax # _____

Email michael@emeraldenviro.com

The investigator shall assume that some or all of the areas investigated contain ACM, and for each area that is not assumed to contain ACM, collect and submit for analysis bulk samples in accordance with §§ 1-36, 1-37, and 1-44 of the DEP Asbestos Rules and EPA publications 560/5-85-024 and 560/5-85-030a and 40 CFR 763.86, 40 CFR 763.80, 40 CFR 763.85



Is it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No



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